Good afternoon, Mr. Chairman and members of the Committee. My name is Bernard Levin and I am pleased to represent the American Gastroenterological Association (AGA) at this important hearing. The AGA is an organization of more than 10,000 physician clinicians, researchers and educators who specialize in the treatment of digestive disorders. In addition to my involvement with the AGA, I am a physician and Vice President for Cancer Prevention at the University of Texas M. D. Anderson Cancer Center in Houston and co-chair of the Colorectal Campaign of the American Digestive Health Foundation. I also serve as chair of the National Colorectal Cancer Roundtable.

Founded approximately two years ago by the American Cancer Society and the Centers for Disease Control and Prevention (CDC), the Roundtable is a coalition of over 30 medical professional, consumer advocacy and voluntary organizations. Our mission is to reduce the suffering and mortality from this disease by achieving screening rates that are equivalent or better to those of other cancers. Currently, about four in five women who are eligible are screened for breast and cervical cancer. Colorectal cancer screening rates in men and women are nowhere near this level and need to be increased if we are to be successful at reducing the incidence of colorectal cancer morbidity and mortality. Many a time I have sat by the bedside of a patient with advanced colorectal cancer and wished that we had detected this insidious disease earlier and treated it, and given the patient the cure.

Mr. Chairman, I would like to thank you and your colleagues for passage of landmark legislation in 1997 which provides a colorectal cancer screening benefit to Medicare recipients. This represents a tremendous step toward our mutual goal of preventing the sad tragedies related to colorectal cancer which we hear so much of. However, our task is far from over. According to the CDC, cancer of the colon and rectum is the second leading cause of cancer-related deaths in the United States. The American Cancer Society estimates that 56,000 Americans will die of colorectal cancer in 2000. Of the 140,000 new colon and rectal cancer cases in the United States every year, 60,000 occur in women. For men, colorectal cancer follows prostate and lung cancer in frequency. African Americans are more likely than Caucasians to be diagnosed with this disease and are more likely to die from it.

The sad irony is that cancer of the colon is probably the most treatable and survivable of all cancers--IF it is detected early through proper screenings. The CDC has found that in 1997, only 41% of adults aged 50 and older had ever had a sigmoidoscopy for screening purposes, and only 29% of adults reported having had one in the past five years. In addition, the CDC survey found that only 39% of adults aged 50 and older reported having had a fecal occult blood test (FOBT). The AGA finds these screening rates woefully inadequate.

As the visual I have brought along clearly indicates, the incidence of and mortality from cancers of the colon and rectum increases significantly for men and women 50 years of age and older. In order to enhance treatment and reduce mortality rates, proper screening procedures must be followed. The guidelines for such procedures are clear; for all average risk adults age 50 and older, the following procedures are essential:

- Annual FOBT and flexible sigmoidoscopy every 5 years, or
- Total colon examination by colonoscopy every 10 years or
- by Double Contrast Barium Enema (DCBE) every 5-10 years

Those at higher risk (i.e., incidence of inflammatory bowel disease, a family history of colorectal cancer, incidence of colorectal polyps and certain hereditary syndromes) should be offered more intensive surveillance. The recommended screening for Medicare beneficiaries and other high-risk individuals is appropriate: flexible sigmoidoscopy every 18 months and colonoscopy every 24 months. But, as the other visual I have brought along today indicates, adults in the United States aged 50 and older are simply not availing themselves of the protection that proper screenings clearly provide. We must find

ways to heighten public awareness about this disease and to remove any barriers that may exist for the access to regular screening procedures.

Studies clearly show the cost effectiveness of screening for this disease. Analyses performed by the Congressional Office of Technology Assessment (OTA) and other agencies reflect that the cost per year of life saved by colorectal cancer screening is approximately $15,000-$20,000, well within the benchmark figure of $40,000 considered by the federal government to be cost- effective.

Beyond the arguments for cost effectiveness, we simply cannot put a price on the opportunity to save the lives of our loved ones and prevent this unnecessary suffering. I have also been asked to evaluate the Screen for Life campaign that has been jointly initiated by the Health Care Financing Administration (HCFA), the CDC and the National Cancer Institute (NCI). I would like to commend each of these agencies for their dedication to informing the American public about the dangers of colorectal cancer and the availability of the Medicare screening benefit. In the remainder of my time, Mr. Chairman, I would like to offer several recommendations on how the Screen for Life campaign could be more targeted and other suggestions to help reduce the incidence of colorectal cancer.

Specifically, and on behalf of the AGA I would like to recommend the following:

- Congress appropriate funding to the CDC for public service announcements, during prime time, on television and radio on the need for screening for colorectal cancer;
- The Screen for Life campaign focus on messages to abate the embarrassment factor associated with colorectal cancer and appropriate screening;
- The Screen for Life campaign take into account the literacy levels, cultural sensitivity and access to effective educational materials;
- The Screen for Life campaign continue to reach out to advocacy groups, such as the AGA and the American Cancer Society, to take advantage of the expertise on colorectal cancer which we and other similar organizations can provide;
- In addition to effective patient education materials, messages targeted to physicians on effective communications to patients would be extremely valuable;
- Congress address the issue of access to colorectal cancer screenings for the non-Medicare population by enacting S. 1044, the "Eliminate Colorectal Cancer Act of 1999" which would extend the same Medicare screening benefit to those covered by private insurance; and
- Congress sufficiently fund research efforts, currently being identified by the NCI through its Progress Review Group on Colorectal Cancer, to further reduce the incidence and mortality of colon cancer.

Mr. Chairman, thank you again for the opportunity to appear before your Committee.

My colleagues and I look forward to working with you and the Congress on this issue which is truly a matter of life and death.